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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,380	
	Filing Date	November 28, 2000	
	First Named Inventor	MILES, VINCENT J.	
	Group Art Unit	1636	
	Examiner Name	GUZO, DAVID	
Total Number of Pages in This Submission	5	Attorney Docket Number	RIGL-009CON

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Corrected Filing Receipt 2. Marked-up copy of Filing Receipt 3. Marked-up copy of Declaration 4. Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	JAMES S. KEDDIE, PH.D., 48,920 BOZICEVIC, FIELD & FRANCIS LLP
Signature	
Date	June 2, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO BOX 1450, Alexandria, Virginia 22313-1450 on this date: June 2, 2003.

Typed or printed name	Susan M. Alessi		
Signature		Date	June 2, 2003

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Typed or Printed Name	Susan M. Alessi		
Signature	<i>Susan Alessi</i>	Date	June 2, 2003
REQUEST FOR CORRECTED FILING RECEIPT Address to: Mail Stop OIPE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Attorney Docket	RIGL-009CON
		Applicant	MILES, VINCENT J.
		Serial Number	09/724,380
		Filing Date	November 28, 2000
		Group Art Unit	1636
		Examiner Name	GUZO, DAVID
		Title: "METHOD FOR SELECTIVE INACTIVATION OF VIRAL REPLICATION"	

Sir,

A filing receipt for the above-identified patent application has been issued by the U.S. Patent and Trademark Office (copy attached) and has been found to contain the following error(s):

- (1) Please correct the "Applicant(s)" as follows and as indicated on the attached marked up copy of the Filing Receipt and the marked-up copy of the originally filed Declaration.

Michael B. Matthews, Montclair, NJ;

Michael B. Mathews, Montclair, NJ;

If for any reason a fee is found to be necessary, the Commissioner is authorized to charge such fee to Deposit Account No. 50-0815 order No.RIGL-009CON.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: June 2, 2003

By: *James S. Keddie*

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/724,380	11/28/2000	1645	1030	7960-147	10	17	7

Pennie & Edmonds LLP
1155 Avenue of the Americas
New York, NY 10036-2711

FILING RECEIPT



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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF 08/925,156 09/08/1997 PAT 6,156,496
WHICH IS A DIV OF 08/221,816 04/01/1994 PAT 5,738,985
WHICH IS A CIP OF 08/042,024 04/02/1993 ABN

Foreign Applications

If Required, Foreign Filing License Granted 03/23/2001

Title

Method for selective inactivation of viral replication

Preliminary Class

435

